



Form 3516

Community Navigators Pilot Program Client and Program Information Form

I request business counseling service from the Small Business Administration (SBA) or Community Navigator. I agreed to cooperate should I be selected to participate in surveys designated to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes [] No []). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Community Navigator and host organizations, arising from this assistance.

Purpose of Collection: The information in this form is provided by the Community Navigator grantees and the individuals and businesses seeking assistance from such grantees. SBA is collecting this information for purposes of its oversight and management of the Community Navigator Program authorized under Sec. 5004 of the American Rescue Plan Act of 2021, and to ensure program equity and integrity. Information collected will only be published in summary or aggregate form as a means of providing SBA management officials, Congress, the White House and OMB with reports on program activity and participant outcomes. SBA expects to produce annual reports to the White House, OMB and Congress on the impact of the Community Navigator Pilot Program leveraging aggregate data to illustrate program objectives and outcomes have been met. Please note, SBA may match Form 3516 information with other data sets for program evaluation purposes. In all cases, SBA will protect individual privacy and confidentiality and only aggregate and summary data would be published. Except where indicated otherwise, collection of the information is required to comply with the terms of the Community Navigator award and is important to SBA to help assess how well the program is serving different communities and to ensure equitable access to the program. Navigators will submit information to SBA according to the terms of their notice of award.

Client Signature:

Date:

Part I: Client Contact Information This section is required for all counseling engagements (completed by client)

Client Name: (Last, First, MI)

Email:

Telephone:

Business Address: Street, City, State, Zip

Part II: Client Demographic Information This section is for first time counseling engagements (completed by client)

Demographic information should be provided for the primary business owner if the business has multiple owners. Providing the information in this section is voluntary but will be used by SBA to assess how well the program is serving different communities and to ensure equitable treatment of all people.

Race: (mark one or more)

- American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Prefer not to say
Prefer to self-describe

Ethnicity:

- Hispanic or Latino
Not Hispanic or Latino
Prefer not to say
Prefer to self-describe

What is your gender identity?

- Female
Male
Nonbinary
Prefer not to say
Prefer to self-describe

Highest Grade Completed:

- No High School Diploma
High School Equivalency
High School Diploma
Associate Degree
Bachelor's Degree
Masters/Doctoral Degree

- [] []
[] []
[] []



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Military Service: <input type="checkbox"/> No Military Service <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Military Member <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Active Duty, National Guard, or Reserve	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Part III: Client Business Information This section is required for first time counseling engagements, and for subsequent meetings when there is a change or milestone (completed by client)

Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date business started: _____
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Name of Business: _____

Taxpayer ID #:

a. Is this a Social Security Number? Yes No

(Providing your Social Security Number is voluntary. SBA uses your Social Security Number to verify whether you received SBA assistance (financial or otherwise). Not providing your Social Security Number will not affect any right, benefit or privilege to which you are entitled.)

Legal Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other	Total Number of Employees: Part Time: _____ Full Time: _____
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Type of Business:

<input type="checkbox"/> Mining	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Arts, Entertainment & Recreation
<input type="checkbox"/> Utilities	<input type="checkbox"/> Real Estate, Rental, & Leasing	<input type="checkbox"/> Transportation & Warehousing
<input type="checkbox"/> Information	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Professional, Scientific & Technical Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Agriculture, Forestry, Fishing, and Hunting
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Administrative & Support and Waste Management & Remediation Services	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Management of Companies & Enterprises	
<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Other Services (except Public Administration)	
<input type="checkbox"/> Wholesale Trade		
<input type="checkbox"/> Educational Services		

For your most recent business year list:
 Gross Revenue: _____ Profits: _____ Losses: _____

Have you applied for or received any SBA services in the last 5 years? Yes No

a. If yes, which program(s) (check all that apply):

<input type="checkbox"/> Paycheck Protection Loan/ Forgiveness	<input type="checkbox"/> Other SBA Disaster Loans
<input type="checkbox"/> Covid Economic Injury Disaster Loan	<input type="checkbox"/> 7(a) Disaster Loans or 504 Guaranteed Loan
<input type="checkbox"/> Restaurant Revitalization Fund	<input type="checkbox"/> 8 (a) Certification
<input type="checkbox"/> Shuttered Venues Grant	<input type="checkbox"/> Other Contracting Certification
<input type="checkbox"/> Other (specify) _____	



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Do you conduct business in a language other than English? Yes No

a. If yes, which languages

Is this a woman-owned business? (A business is woman-owned if at least 51% of the business or stock is owned by one or more women and the management and daily business operations are controlled by one or more women.)

Yes No

Part IV: Nature of Assistance: This section is required for all counseling engagements (completed by client)

Nature of Assistance Sought:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> 7(a) Loan | <input type="checkbox"/> Paycheck Protection Loan/Forgiveness | <input type="checkbox"/> State/ Local Grant |
| <input type="checkbox"/> 504 Loan | <input type="checkbox"/> Covid Economic Injury Disaster Loan | <input type="checkbox"/> Disaster Preparedness |
| <input type="checkbox"/> Microloan | <input type="checkbox"/> Restaurant Revitalization Fund | <input type="checkbox"/> Assistance Starting a Business |
| <input type="checkbox"/> Export Loan | <input type="checkbox"/> Credit Counseling/Financial Literacy | <input type="checkbox"/> Shuttered Venues Grant |
| <input type="checkbox"/> Other Loan | <input type="checkbox"/> Other SBA Disaster Loans | <input type="checkbox"/> Other |
| <input type="checkbox"/> Business TA | <input type="checkbox"/> SBA Contracting Certification | |
| <input type="checkbox"/> Other Grant | <input type="checkbox"/> Non-Governmental Contracting Certification | |
| <input type="checkbox"/> Other TA | <input type="checkbox"/> Other Federal/State/Local Contracting Certification | |

Are you requesting language assistance?

Yes No

a.) If yes, which languages

Part V: Business Advisor Information This section is required for all counseling and training engagements (completed by advisor)

Name of Entity Providing Service:

Date of Counseling:

City/ State of Office Location:

Business Advisor Name: (List multiple if appropriate)

Contact Hours:

What is dollar amount of loan/ grant sought? (for submitted application)

Prep Days: (How many days taken to complete and submit application from first meeting)

Assistance Approved: (Dollar amount of loan/grant approved)



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Part VI: Training Record: This section is required for all training engagements (completed by advisor)

Date of Training: Total training Hours: Number of Sessions:

Title of Training: Type: [] Live [] Virtual

Location of Training:

Total Number Trained: Currently in Business, Not Yet in Business, People with Disabilities, Veterans, Women, LGBTQIA+
Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White
Ethnicity: Hispanic or Latino, Not Hispanic or Latino

Training Topic: [] Business Plan, [] Business Start-up/ Preplanning, [] Business Financing/ Capital Sources, [] Covid Financing Programs, [] Government Contracting, [] International Trade, [] Disaster Preparedness/ Recovery, [] Business Financials/ Cash Flow, [] Credit Counseling, [] Other (specify), [] Marketing, [] eCommerce, [] Business Operations, [] Management

Participating Partners: [] SBA District Office [] SBDC [] SCORE [] WBC [] VBOC [] Other

Language(s) used to conduct training:

Paperwork Reduction Act: You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. The total estimated annual burden for responding to this information collection is 20 minutes for grantees and 10 minutes for small business clients.

Privacy Act Statement (5 U.S.C. 552a)
The information you provide will not be disclosed outside of the SBA, except with your consent, and as otherwise allowed by the Privacy Act of 1974, 5 U.S.C. 552a, or unless the information is subject to disclosure under the Freedom of Information Act. 5 U.S.C. 552. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act, which are set forth in SBA's Systems of Records Notice 11 - Entrepreneurial Development Management Information System, 74 FR 14889, 14901 (https://www.govinfo.gov/content/pkg/FR-2009-04-01/pdf/E9-7050.pdf). SBA has instituted procedures to protect confidentiality and only aggregate and summary data will be provided in public reports to the Congress and the White House. Providing your social security number is voluntary. SBA uses your social security number to verify whether you received SBA assistance (financial or otherwise). You are asked to voluntarily provide your social security number to assist SBA in distinguishing you from other individuals with the same or similar name, or other personal identifiers. Not providing your social security number will not affect any right, benefit or privilege to which you are entitled. This request is permitted under EO 9397.